

POTABLE WATER CONTAINER INSPECTION		REPORT DATE
For use of this form see TB MED 577; the proponent of this form is the Office of The Surgeon General.		
TO	FROM	
INSPECTION RATING	SERIAL NUMBER	MAP COORDINATE LOCATION
OWNING UNIT	MAINTENANCE NCO	UNIT REPRESENTATIVE
INSPECTION UNIT	DATE/TIME GROUP	INSPECTED BY

#### SECTION I. WATER TRAILER INSPECTION CRITERIA

		YES	NO
1. CONTAINER EXTERIOR	a. Marked "POTABLE WATER ONLY" b. Clean/Good Repair		
2. MANHOLE COVERS	a. Rubber Gasket Intact b. Locking Mechanism Functions c. No Rust/Insulation Intact d. Pressure Relief Valve Operates		
3. DISPENSING SPIGOTS	a. All Spigots Function b. "T" Handle Operates Easily c. Protective Box Intact d. Locking Devices Function		
4. DRAIN	a. Plug Installed Hand-Tight b. Cracks Do Not Expose Fiberglass c. Plug/Hole Threads Undamaged d. Threads Not Rusted		
5. CONTAINER INTERIOR: STAINLESS STEEL AND ALUMINUM	a. Clean/Good Repair b. No Rust c. Not Painted/Coated d. No Cracks/Dents Exposing Polyurethane		
6. CONTAINER INTERIOR: FIBERGLASS	a. Clean/Good Repair b. Cracks/Chips Less Than 10% c. Fiberglass Exposed d. Paint Surface Not Flaking		

#### SECTION II. WATER TANK TRUCK INSPECTION CRITERIA

1. CONTAINER EXTERIOR	a. Marked "POTABLE WATER ONLY" b. Clean/Good Repair		
2. MANHOLE COVERS AND FILLING PORTS	a. Rubber Gaskets Intact b. Locking Mechanisms Function c. No Rust/Insulation Intact		
3. DISPENSING VALVES	a. Valves Operate Easily b. Hose Coupling Threads Undamaged c. Dust Caps Attached to Valve Ports		
4. TANK INTERIOR	a. Clean/Good Repair b. No Rust c. Steel/Aluminum Not Painted		

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### SECTION III. FABRIC TANK/DRUM INSPECTION CRITERIA

			YES	NO
1. CONTAINER EXTERIOR	a. Marked "POTABLE WATER ONLY" b. Clean/Good Repair c. Plugs/Patches Secure			
2. VALVE ASSEMBLY	a. Check-Valve Adapter Undamaged b. Coupler Valve Operates Easily c. Dust Cap Attached to Coupler			

### SECTION IV. CONTAINER LOCATION (FIELD USE) INSPECTION CRITERIA

1. SITE CONDITIONS	a. Manholes/Parts Closed b. Soakage Pits Constructed Beneath Spigots				
2. WATER CONDITIONS	a. Chlorine Residual Adequate ( ____ ppm) b. Procured From: _____				

COMMENTS AND RECOMMENDATIONS:

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PRINTED/TYPED NAME AND GRADE OF PVNTMED INSPECTOR: \_\_\_\_\_ | SIGNATURE: \_\_\_\_\_